Washington Metropolitan Area Transit Commission

2011 Carrier Annual Report Form

PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2011, must file a complete 2011 annual report and pay a \$150 annual fee on or before **January 31, 2011**. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a \$100 late fee. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate \$100 late fee.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 3, 2011.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

1. ANNUAL REPORT OF:

743	Hazem El Samahy, t/a Royal USA Tours and Transportation					
*WMATC No.	*Name of Carrier (as shown on certificate of authority)					
1220 L Street, N	I.W., #484	, Washington, DC 200	05-4018			
*Street Address of	Principal Pl	ace of Business				
Mailing Address (if	different fro	om street address)				
(202) 498-3760		(202) 498-2346	(202) 554-0614	royalusa@hotmail.com		
*Telephone Number		Other Telephone	Fax Number	E-mail		
2. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):						
		` `	1	, ,		
Mr. Hazem El Samahy			Sole Proprietor			
*Name			*Title			
(202) 498-3760	!	(202) 498-2346	(202) 554-0614	royalusa@hotmail.com		
*Telephone Numbe	er	Other Telephone	Fax Number	E-mail		

3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*(Complete section 3 only if the street address in section 1 is outside the Metropolitan District):

The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process						
Street Address						
	,					
Telephone Number	Other Telephone	Fax Number	E-mail			
	2					

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4. *CHANGES: Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.						
		,				
follow vehicl	ing three of le list, chec	options: (1) lick the box in	CLES USED IN WMATC OPERATION ist your vehicles below; (2) make any dicating all information is accurate, and vehicle list to both pages of this form. In	necessary corre	ections on to with both p	he enclosed ages of this
Fleet No. (if applicable)	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity
1	2002	cHeVRole	16AHG39R121210680	C74093	X	15
2	2000	Dodge	2B5VB35Z0YK126228	C72037	OC	15
2 3 4	1993		1T79R2827P1116665	08444P	OC	47
4	1992	HAMPON	177984B20N1110134	084439	00	47
			a y stad			
	TIFICATION		any attachments, was prepared by me	e or under my s	unervision	that I have
examined	it, and that	the informat	ion contained in it is true, correct, and co	omplete as of thi	s date.	/ nave
HP	AZEM	EL SP	AMAHY -	to 34		
*Name (Typ	e or Print)		/ *Signatur	_		
a	2 mm22			o 3 , 0 9 ,	2011	
*Title			*Date	,		

WMATC No: 743 Washington Metropolitan Area Transit Commission

2011 Annual Report: Revenue Vehicle List

Name: Hazem El Samahy

Trade Name: Royal USA Tours and Transportation

Carriers are required to provide a complete list of revenue vehicles used in WMATC operations. Choose one and only one of the following options: (1) list your vehicles in the space provided on page 2 of the annual report form; (2) make any necessary corrections to this list, check the box indicating all information is accurate, and return this list with both pages of your annual report form; or (3) attach your own vehicle list to both pages of the annual report form. Failure to report revenue vehicles may result in a civil forfeiture.

Check this box if all information on this list, including any corrections, is complete and accurate.

Fleet No.	*Model Year	*Make	*VIN (17 digits)	*Plate	*State Registered	*Capacity
1	2002	Chevrolet	1GAHG39R121210680	27757M5	MD	15
2	2000	Dodge	2B5WB35Z0YK126228	969M531	DC	15
3	1993	Champion	1T79R2B27P1116665	08444P	DC	47
4	1992	Champion	1T79R4B20N1110134	08443P	DC	47

